

Ford County Questionnaire
November 3, 2004

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INTRODUCTION:

HELLO, I'm [interviewer name] calling for the Ford County Health Department and the Kansas Department of Health and Environment. We're gathering information on the health practices of Ford County residents to guide health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits which may affect health.

Is this [phone number]? [if 'yes', proceed]

Is this a private residence ? [if 'yes', proceed]

Is this residence located in Ford County, Kansas? [if 'yes', proceed]

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older ?

How many of these adults are men ?

How many of these adults are women ?

The person in your household I need to speak with is the [randomly selected adult].

To correct respondent:

We do not ask for your name, address, or other personal information that identifies you. The phone number is erased once we finish all interviews at the end of the year. You don't have to answer any question you don't want to, and you are free to end the interview at any time. The interview takes 15 minutes.

All information you give us will be confidential. If you have any questions about this survey, I will provide a toll free telephone number for you to call to get more information.

The interview will only take a short time, and all the information obtained in this study will be confidential.

Section 1: Health Status

1. Would you say that in general your health is:

Please Read

- | | | |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| | or | |
| e. | Poor | 5 |

Do not read these responses	Don't know/Not Sure	7
	Refused	9

Section 2: Health Care Access

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | |
|--------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 4b | 2 |
| Don't know/Not sure Go to Q. 7 | 7 |
| Refused Go to Q. 7 | 9 |

3. Do you have Medicare?

- | | | |
|--|---------------------|---|
| Medicare is a coverage plan for people 65 or over and for certain disabled people | a. Yes Go to Q. 7 | 1 |
| | b. No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

4a. What type of health care coverage do you use to pay for most of your medical care?

Is it coverage through: **Please Read**

- | | | | |
|----|---|-------------------|-----|
| a. | Your employer | Go to Q. 6 | 0 1 |
| b. | Someone else's employer | Go to Q. 6 | 0 2 |
| c. | A plan that you or someone else buys on your own | Go to Q. 6 | 0 3 |
| d. | Medicare | Go to Q. 6 | 0 4 |
| e. | Medicaid or Medical Assistance [or substitute state program name] | Go to Q. 6 | 0 5 |
| f. | The military, CHAMPUS, or the VA [or CHAMP-VA] | Go to Q. 6 | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] | Go to Q. 6 | 0 7 |
| h. | Some other source | Go to Q. 6 | 0 8 |
| | None | Go to Q. 5 | 8 8 |
| | Don't know/Not sure | Go to Q. 6 | 7 7 |
| | Refused | Go to Q. 6 | 9 9 |

**Do not
read these
responses**

4b. There are some types of coverage you may not have considered. Please tell me if you have any of the following:

Coverage through: **Please Read**

If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	Go to Q.6	0 1
	b. Someone else's employer	Go to Q.6	0 2
	c. A plan that you or someone else buys on your own	Go to Q.6	0 3
	d. Medicare	Go to Q.6	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	Go to Q.6	0 5
	f. The military, CHAMPUS, or the VA [or CHAMP-VA]	Go to Q.6	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	Go to Q.6	0 7
	h. Some other source	Go to Q.6	0 8
Do not read these responses	None		8 8
	Don't know/Not sure	Go to Q. 7	7 7
	Refused	Go to Q. 7	9 9

5. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| Go to Q. 7 | |
| b. Within the past year (6 to 12 months ago) | 2 |
| Go to Q. 7 | |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| Go to Q. 7 | |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| Go to Q. 7 | |
| e. 5 or more years ago | 5 |
| Go to Q. 7 | |
| Don't know/Not sure | 7 |
| Go to Q. 7 | |
| Never | 8 |
| Go to Q. 7 | |
| Refused | 9 |
| Go to Q. 7 | |

6. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

8. Is there one particular doctor or health professional who you usually go to when you need routine medical care?

If "no," ask "Is there <u>more</u> <u>than one</u> or is there <u>no</u> usual doctor who you go to?"	a. Yes, only one	1
	b. More than one	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

9. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

a. Within the past year (1 to 12 months ago)	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 5 years (2 to 5 years ago)	3
d. 5 or more years ago	4
Don't know/Not sure	7
Never	8
Refused	9

Section 3: Hypertension Awareness

10. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never Go to Q. 13 | 8 |
| Refused | 9 |

11. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Q. 13 | 2 |
| Don't know/Not sure Go to Q. 13 | 7 |
| Refused Go to Q. 13 | 9 |

12. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- | | |
|---------------------|---|
| a. More than once | 1 |
| b. Only once | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Cholesterol Awareness

13. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (48)

- a. Yes 1
- b. No **Go to Q. 16** 2
- Don't know/Not sure **Go to Q. 16** 7
- Refused **Go to Q. 16** 9

14. About how long has it been since you last had your blood cholesterol checked? (49)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. 5 or more years ago 4
- Don't know/Not sure 7
- Refused 9

15. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 5: Diabetes

16. Have you ever been told by a doctor that you have diabetes?
(51)

If "Yes" and female, ask "Was this only when you were pregnant?"	a. Yes	1
	b. Yes, but female told only during pregnancy	2
	c. No	3
	Don't know/Not sure	7
	Refused	9

21. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (61-63)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

22. Was there another physical activity or exercise that you participated in during the last month? (64)

a. Yes	1
b. No Go to Q. 27	2
Don't know/Not sure Go to Q. 27	7
Refused Go to Q. 27	9

23. What other type of physical activity gave you the next most exercise during the past month? (65-66)

Activity (specify):	_____	—	—
	See coding list A		
Refused Go to Q. 27	9	9	

Ask Q. 24 only if answer to Q. 23 is running, jogging, walking, or swimming. All others go to Q25.

24. How far did you usually walk/run/jog/swim? (67-69)

**See coding
list B if
response is
not in
miles and
tenths**

Miles and tenths	—	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

25. How many times per week or per month did you take part in this activity? (70-72)

a. Times per week	1	—	—
-------------------	---	---	---

b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (73-75)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

Section 7: Seat Belt Use

27. How often do you use seatbelts when you drive or ride in a car?
(76)

Would you say: **Please Read**

a.	Always	1
b.	Nearly Always	2
c.	Sometimes	3
d.	Seldom	4
	or	
e.	Never	5
Do not	Don't know/Not sure	7
read these	Never drive or ride in a car	8
responses	Refused	9

28. What is the age of the oldest child in your household under the age of 16? (77-78)

Code
<1 yr.
as "01"

a.	Code age in years	
b.	No children under age 16 Go to Q. 30	8 8
	Don't know/Not sure Go to Q. 30	7 7
	Refused Go to Q. 30	9 9

29. How often does the [fill in age from Q. 22]-year-old child in your household use a... (79)

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car?

Would you say: **Please Read**

- | | | |
|----|----------------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| | or | |
| e. | Never | 5 |
| | Don't know/Not sure | 7 |
| | Never rides in a car | 8 |
| | Refused | 9 |

**Do not
read these
responses**

Section 8: Tobacco Use

30. Have you smoked at least 100 cigarettes in your entire life?
(80)

5 packs
= 100
ciga-
rettes

- | | |
|----------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 35 | 2 |
| Don't know/Not sure Go to Q. 35) | 7 |
| Refused Go to Q. 35 | 9 |

31. Do you now smoke cigarettes everyday, some days, or not at all?
(81)

- | | |
|---------------------------|---|
| a. Everyday | 1 |
| b. Some days Go to Q. 32a | 2 |
| c. Not at all Go to Q. 34 | 3 |
| Refused Go to Q. 35 | 9 |

32. On the average, about how many cigarettes a day do you now smoke?
(82-83)

1 pack
= 20
ciga-
rettes

- | | |
|----------------------------------|-----|
| Number of cigarettes Go to Q. 33 | |
| Don't know/Not sure Go to Q. 33 | 7 7 |
| Refused Go to Q. 33 | 9 9 |

32a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?
(84-85)

1 pack
= 20
ciga-
rettes

- | | |
|----------------------------------|-----|
| Number of cigarettes Go to Q. 35 | |
| Don't know/Not sure Go to Q. 35 | 7 7 |
| Refused Go to Q. 35 | 9 9 |

33. During the past 12 months, have you quit smoking for 1 day or longer? (86)

- | | |
|--|---|
| a. Yes Go to Q. 35 | 1 |
| b. No Go to Q. 35 | 2 |
| Don't know/Not sure Go to Q. 35 | 7 |
| Refused Go to Q. 35 | 9 |

34. About how long has it been since you last smoked cigarettes regularly, that is, daily? (87-88)

Read Only if Necessary

- | | |
|---|-----|
| a. Within the past month (0 to 1 month ago) | 0 1 |
| b. Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. Within the past year (6 to 12 months ago) | 0 4 |
| e. Within the past 5 years (1 to 5 years ago) | 0 5 |
| f. Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. 15 or more years ago | 0 7 |
| Don't know/Not sure | 7 7 |
| Never smoked regularly | 8 8 |
| Refused | 9 9 |

Section 9: Smokeless Tobacco Use

35. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (89)

Probe for chewing tobacco, snuff, or both	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither Go to Q. 37	4
	Don't know/Not sure Go to Q. 37	7
	Refused Go to Q. 37	9

36. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (90)

"Yes" includes occa- sional use	a. Yes, chewing tobacco	1
	b. Yes, snuff	2
	c. Yes, both	3
	d. No, neither	4
	Don't know/Not sure	7
	Refused	9

Section 10: Demographics

37. What is your age? (91-92)

Code age in years

Don't know/Not sure 0 7

Refused 0 9

38. What is your race? (93)

Would you say: **Please Read**

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. American Indian, Alaska Native 4

or

e. Other: (specify)_____ 5

Do not Don't know/Not sure 7

read these

responses Refused 9

39. Are you of Spanish or Hispanic origin? (94)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

40. Are you: (95)

Please Read

- | | |
|------------------------------------|---|
| a. Married | 1 |
| b. Divorced | 2 |
| c. Widowed | 3 |
| d. Separated | 4 |
| e. Never been married | 5 |
| or | |
| f. A member of an unmarried couple | 6 |
| Refused | 9 |

41. How many children live in your household who are...

Please Read

- | | | |
|----------------------|-----------------------------|----------|
| Code 1-9 | a. less than 5 years old? | ___ (96) |
| 7 = 7 or more | b. 5 through 12 years old? | ___ (97) |
| 8 = None | c. 13 through 17 years old? | ___ (98) |
| 9 = Refused | | |

42. What is the highest grade or year of school you completed? (99)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

43. Are you currently: (100)

Please Read

a.	Employed for wages	1
b.	Self-employed	2
c.	Out of work for more than 1 year	3
d.	Out of work for less than 1 year	4
e.	Homemaker	5
f.	Student	6
g.	Retired	7
	or	
h.	Unable to work	8
	Refused	9

44. Is your annual household income from all sources: (101-102)

Read as Appropriate

If res- pondent refuses at any income level, code refused	a.	Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b.	Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c.	Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d.	Less than \$10,000 If "no," code c	0 1
	e.	Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f.	Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g.	Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h.	\$75,000 or more	0 8
Do not read these responses		Don't know/Not sure	7 7
		Refused	9 9

45. About how much do you weigh without shoes? (103-105)

Round fractions up	Weight	pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
46. About how tall are you without shoes?		(106-108)
Round fractions down	Height	___/ ft/inches
	Don't know/Not sure	7 7 7
	Refused	9 9 9
47. What is your zip code?		(109-113)
Zip code		
Don't know/not sure		7 7 7 7 7
Refused		9 9 9 9 9
48. Do you have more than one telephone number in your household?		(114)
a. Yes		1
b. No Go to Q. 50		2
Refused Go to Q. 50		9
49. How many residential telephone numbers do you have?		(115)
Exclude ded- icated fax and computer lines	Total telephone numbers [8=8 or more]	
	Refused	9
50. Indicate sex of respondent. Ask Only if Necessary		(116)
Male Go to Q. 62		1
Female		2

Section 11: Women's Health

These next few questions ask about medical exams you may have received.

51. A mammogram is an x-ray of each breast to look for breast cancer.
Have you ever had a mammogram? (117)

- a. Yes 1
- b. No **Go to Q. 54** 2
- Don't know/Not sure **Go to Q. 54** 7
- Refused **Go to Q. 54** 9

52. How long has it been since you had your last mammogram? (118)

Read only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

53. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (119)

- a. Routine checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

54. A clinical breast exam is when a doctor, nurse, or other health

professional feels the breast for lumps. Have you ever had a clinical breast exam? (120)

- a. Yes 1
- b. No **Go to Q. 57** 2
- Don't know/Not sure **Go to Q. 57** 7
- Refused **Go to Q. 57** 9

55. How long has it been since your last breast exam? (121)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

56. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (122)

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- Don't know/Not sure 7
- Refused 9

57. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (123)

- a. Yes 1
- b. No **Go to Q. 60** 2
- Don't know/Not sure **Go to Q. 60** 7
- Refused **Go to Q. 60** 9

58. How long has it been since you had your last Pap smear? (124)

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 3 years (2 to 3 years ago) 3
- d. Within the past 5 years (3 to 5 years ago) 4
- e. 5 or more years ago 5
- Don't know/Not sure 7
- Refused 9

59. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (125)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

60. Have you had a hysterectomy? (126)

- a. Yes **Go to Q. 62** 1

A hysterectomy is an operation to remove the uterus (womb)	b. No	2
	Don't know/Not sure	7
	Refused	9

If respondent 45 years old or older, go to Q. 62.

61. To your knowledge, are you now pregnant?	(127)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 12: Immunization

62. During the past 12 months, have you had a flu shot?	(128)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
63. Have you ever had a pneumonia vaccination?	(129)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to Section 14.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

64. What are your chances of getting infected with HIV, the virus that causes AIDS? (130)

Would you say: **Please Read**

- | | |
|-----------|---|
| a. High | 1 |
| b. Medium | 2 |
| c. Low | 3 |
| or | |
| d. None | 4 |

Not applicable (Have HIV) **Go to Q. 66** 5

**Do not
read these
responses**

Don't know/Not sure 7

Refused 9

65. Have you ever had your blood tested for HIV? (131)

- | | |
|--------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 70 | 2 |

Don't know/Not sure **Go to Q. 70** 7

Refused **Go to Q. 70** 9

66. When was your last blood test for HIV? (132-135)

Code month and year	
Don't know/Not sure	<u> </u> <u> </u> / <u> </u> <u> </u>

Refused	9 9 9 9
---------	---------

67. What was the main reason you had your last blood test for HIV? (136-137)

Reason code

Read only if necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

68. Where did you have your last blood test for HIV?

(138-139)

Facility Code

Read only if necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

69. Did you receive the results of your last test?

(140)

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

Section 14: Quality of Life

These next questions are about limitations you may have in your daily life.

70. Are you limited in any way in any activities because of any impairment or health problem? (141)
- a. Yes 1
 - b. No **Go to Q. 75** 2
 - Don't know/Not sure **Go to Q. 75** 7
 - Refused **Go to Q. 75** 9
71. What is the major impairment or health problem that limits your activities? (142-143)
- a. Arthritis/rheumatism 0 1
 - b. Back or neck problem 0 2
 - c. Fractures, bone/joint injury 0 3
 - d. Walking problem 0 4
 - e. Lung/breathing problem 0 5
 - f. Hearing problem 0 6
 - g. Eye/vision problem 0 7
 - h. Heart problem 0 8
 - i. Stroke problem 0 9
 - j. Hypertension/high blood pressure 1 0
 - k. Diabetes 1 1
 - l. Cancer 1 2
 - m. Depression/anxiety/emotional problem 1 3
 - n. Other impairment/problem 1 4
 - Don't know/Not sure 7 7
 - Refused 9 9

72. For how long have your activities been limited because of your major impairment or health problem? (144-145)
- | | |
|---------------------|-------|
| a. Days | 1 |
| b. Weeks | 2 |
| c. Months | 3 |
| d. Years | 4 |
| Don't know/Not Sure | 7 7 7 |
| Refused | 9 9 9 |
73. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (146)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
74. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (147)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

75. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (148-149)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

76. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (150-151)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

77. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (152-153)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

78. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (154-155)

a. Number of days

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

79. During the past 30 days, for about how many days have you felt very healthy and full of energy? (156-157)

a. Number of days

b. None

8 8

Don't know/Not sure

7 7

Refused

9 9

Module 32: Mental Health

These next few questions ask about your mental health.

1. In the past year, did you think about seeking help from family or friends for any personal or emotional problems?
 - a. Yes.....1
 - b. No.....2
 - Don't know/Not Sure.....7
 - Refused.....9
2. In the past year, did you think about seeking help from a therapist, counselor or self-help group for any personal or emotional problems?
 - a. Yes.....1
 - b. No.....2
 - Don't know/Not Sure.....7
 - Refused.....9
3. During the past five years have you thought you might have depression?
 - a. Yes.....1
 - b. No **Go to Q. 7**.....2
 - Don't know/Not Sure **Go to Q. 7**.....7
 - Refused **Go to Q. 7**.....9
4. During the past five years have you been diagnosed with depression?
 - a. Yes.....1
 - b. No **Go to Q. 7**.....2
 - Don't know/Not Sure **Go to Q. 7**.....7
 - Refused **Go to Q. 7**.....9

5. Did you receive treatment for your depression?

- a. Yes.....1
- b. No **Go to Q. 7**.....2
- Don't know/Not Sure **Go to Q. 7**.....7
- Refused **Go to Q. 7**.....9

6. Who treated you for depression?

Read only if necessary

- a. Psychologist.....0 1
- b. Psychiatrist.....0 2
- c. Family doctor.....0 3
- d. Mental health center.....0 4
- e. Self-help group.....0 5
- f. Family or Friends.....0 6
- g. Pastor, priest, rabbi or other religious counselor.....0 7
- h. Other (specify:_____)0 8
- Don't know/Not sure.....7 7
- Refused.....9 9

7. Have you needed treatment for any personal or emotional problems during the last five years but been unable to get it?
- a. Yes.....1
 - b. No **Go to Q. 9**.....2
 - Don't know/Not Sure **Go to Q. 9**.....7
 - Refused **Go to Q. 9**.....9

8. Why were you unable to get treatment for your personal or emotional problem?

Read only if necessary

- a. Cost/Couldn't afford/Insurance would not cover.....1
 - b. Lack transportation.....2
 - c. No place was close enough/available/convenient.....3
 - d. Do not know where to go.....4
 - e. Do not trust psychiatrists/psychologist/doctors.....5
 - f. Embarrassed/Stigmatism.....6
 - Don't know/Not sure.....7
 - Other Reason (specify:_____).....8
 - Refused.....9
9. If you or someone in your family needed treatment for a mental health problem where would you go for help?
- a. Private mental health agency.....0 1
 - b. Psychologist.....0 2
 - c. Psychiatrist.....0 3
 - d. Family doctor.....0 4
 - e. Mental health center.....0 5
 - f. Self-help group.....0 6
 - g. Family or Friends.....0 7

h. Pastor, priest, rabbi or other religious counselor.....	0 8
i. State Hospital.....	0 9
j. Local hospital.....	1 0
k. Other (specify:_____)	1 1
Don't know/Not sure.....	7 7
Refused.....	9 9

Module 27: Injury Prevention

[Note: Q.3 & Q.4 were deleted for the Ford County Survey.]

1. Which of the following best describes whether you have a smoke detector in your home? Is it:

- | | | |
|--|--------------------------|---|
| a. I don't have a smoke detector | Go to Next Module | 1 |
| b. I have an installed and working smoke detector | | 2 |
| c. I have a smoke detector, but it is not installed | | 3 |
| d. I have a smoke detector, but it is broken or the battery is missing | | 4 |
| or | | |
| e. I have a smoke detector but do not know if it works | | 5 |
| Don't know/Not sure | | 7 |
| Refused | | 9 |

2. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past 6 months (1 to 6 months ago) | 2 |
| c. Within the past year (6 to 12 months ago) | 3 |
| d. One or more years ago | 4 |
| e. Never | 5 |
| f. No smoke detectors in home | 6 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Module 28: Violence and Crime

These next few questions deal with violence or crime.

1. How afraid are you to leave your home at night? Would you say:

Please Read

- a. Very afraid1
- b. Somewhat afraid2
- c. A little afraid3
- or**
- d. Not afraid4
- DON'T KNOW/NOT SURE7
- REFUSED9

2. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

Read Only if Necessary

- a. Within the past week1
- b. Within the past month2
- c. Within the past year3
- d. One or more years ago4
- e. Never5
- DON'T KNOW/NOT SURE7
- REFUSED9

3. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

- a. Yes1
- b. No2
- DON'T KNOW/NOT SURE7
- REFUSED9

Module 4: Preventive Counseling Services

The next questions are about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.

1. Has a doctor or other health professional ever talked with you about your diet or eating habits?

If yes, a. Yes, within the past 12 months (1 to 12 months ago)

1

ask "About

how long ago b. Yes, within the past 3 years (1 to 3 years ago) 2

was it?"

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

2. Has a doctor or other health professional ever talked with you about physical activity or exercise?

If yes, a. Yes, within the past 12 months (1 to 12 months ago)

1

ask "About

how long ago b. Yes, within the past 3 years (1 to 3 years ago) 2

was it?"

c. Yes, 3 or more years ago 3

d. No 4

Don't know/Not sure 7

Refused 9

3. (Has a doctor or other health professional ever talked with you) about injury prevention, such as safety belt use, helmet use, or smoke detectors?

If yes, a. Yes, within the past 12 months (1 to 12 months ago)

1

ask "About

how long ago b. Yes, within the past 3 years (1 to 3 years ago) 2

was it?"

c. Yes, 3 or more years ago 3

- | | |
|---------------------|---|
| d. No | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. (Has a doctor or other health professional ever talked with you) about drug abuse?

If yes, a. Yes, within the past 12 months (1 to 12 months ago)

1

ask "About
how long ago
was it?"

- | | |
|--|---|
| b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| c. Yes, 3 or more years ago | 3 |
| d. No | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. (Has a doctor or other health professional ever talked with you) about alcohol use?

If yes, a. Yes, within the past 12 months (1 to 12 months ago)

1

ask "About
how long ago
was it?"

- | | |
|--|---|
| b. Yes, within the past 3 years (1 to 3 years ago) | 2 |
| c. Yes, 3 or more years ago | 3 |
| d. No | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If "No" to core Q. 30 or "Not at all" to core Q. 31, go to Q. 7

6. (Has a doctor or other health professional) ever advised you to quit smoking?

If yes, a. Yes, within the past 12 months (1 to 12 months ago)

1

ask "About
how long ago
was it?"

- | | | |
|----|---|---|
| b. | Yes, within the past 3 years (1 to 3 years ago) | 2 |
| c. | Yes, 3 or more years ago | 3 |
| d. | No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If respondent 65 years old or older, go to next module

7. (Has a doctor or other health professional) ever talked with you about your sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?

If yes, a. Yes, within the past 12 months (1 to 12 months ago)

1

ask "About
how long ago
was it?"

- | | | |
|----|---|---|
| b. | Yes, within the past 3 years (1 to 3 years ago) | 2 |
| c. | Yes, 3 or more years ago | 3 |
| d. | No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Module 6: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

1. How often do you drink fruit juices such as orange, grapefruit, or tomato?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

2. Not counting juice, how often do you eat fruit?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

3. How often do you eat green salad?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

5. How often do you eat carrots?

a. Per day	1		
b. Per week	2		
c. Per month	3		
d. Per year	4		
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

Example: A serving of vegetables at both lunch and dinner would be two servings	a. Per day	1		
	b. Per week	2		
	c. Per month	3		
	d. Per year	4		
	e. Never	5	5	5
	Don't know/Not sure	7	7	7
	Refused	9	9	9

Module 29: Social Context

These next questions are about your daily life.

1. How safe from crime do you consider your neighborhood to be? (320)

Would you say: **Please Read**

- | | |
|---------------------|---|
| a. Extremely safe | 1 |
| b. Quite safe | 2 |
| c. Slightly safe | 3 |
| d. Not at all safe | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

2. Do you own or rent your home? (321)

- | | |
|---------|---|
| a. Own | 1 |
| b. Rent | 2 |
| Refused | 9 |

3. How long have you lived at your current address? (322)

Read Only if Necessary

- | | |
|---|---|
| a. Less than six months (1 to 6 months) | 1 |
| b. Less than one year (6 to 12 months) | 2 |
| c. Less than two years (1 to 2 years) | 3 |
| d. 2 or more years | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. How many close friends or relatives would help you with your emotional problems or feelings if you needed it? (323)
- | | |
|---------------------|---|
| a. 3 or more | 1 |
| b. 2 | 2 |
| c. 1 | 3 |
| d. None | 4 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
5. In the past 30 days, have you been concerned about having enough food for you or your family? (324)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

Module 3: Oral Health

1. How long has it been since you last visited the dentist or a dental clinic?

Read Only if Necessary

a. Within the past year (1 to 12 months ago)	
Go to Q. 3	1
b. Within the past 2 years (1 to 2 years ago)	2
c. Within the past 5 years (2 to 5 years ago)	3
d. 5 or more years ago	4
Never	5
Don't know/Not sure Go to Q. 3	7
Refused Go to Q. 3	9

2. What is the main reason you have not visited the dentist in the last year?

Reason code

— —

Read only if necessary

a. Fear, apprehension, nervousness, pain, dislike going	0 1
b. Cost	0 2
c. Do not have/know a dentist	0 3
d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)	0 4
e. No reason to go (no problems, no teeth)	0 5
f. Other priorities	0 6
g. Have not thought of it	0 7
h. Other	0 8
Don't know/Not sure	7 7
Refused	9 9

3. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

- | | |
|--------------------------|---|
| a. 5 or fewer | 1 |
| b. 6 or more but not all | 2 |
| c. All | 3 |
| d. None | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

4. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

5. Are you currently in need of any dental services such as fillings, dentures or partials, teeth pulled, caps, crowns, or root canal?

**If "Yes"
probe for
which
services**

- | | |
|---|---|
| a. Yes, fillings, caps or crowns, or root canal | 1 |
| b. Yes, teeth pulled, dentures or partials | 2 |
| c. Yes, both | 3 |
| d. No | 4 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

Module 9: Alcohol Consumption

1. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?
 - a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9

2. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?
 - a. Days per week 1
 - b. Days per month 2
 - Don't know/Not sure **Go to Q. 4** 7 7 7
 - Refused **Go to Q. 4** 9 9 9

3. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

Number of drinks

Don't know/Not sure 7 7

Refused 9 9

4. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
 - a. Number of times
 - b. None 8 8
 - Don't know/Not sure 7 7
 - Refused 9 9

5. During the past month, how many times have you driven when you've had perhaps too much to drink?

a. Number of times

b. None 8 8

Don't know/Not sure 7 7

Refused 9 9

Module 42: Falls

If the respondent is aged 18 - 64 go to the Next module

1. Have you fallen within the last five years ?
 - a. Yes 1
 - b. No **Go to Next Module** 2
 - Don't know/Not sure **Go to Next Module** 7
 - Refused **Go to Next Module** 9

2. The last time you fell, what was the cause of your fall ?
 - a. Eye problems 0 1
 - b. Tub or shower 0 2
 - c. Stairs 0 3
 - d. Leg weakness or pain 0 4
 - e. Medications 0 5
 - f. General weakness or imbalance 0 6
 - g. Ice or other slippery surface 0 7
 - h. Other (specify: _____) 0 8
 - Don't know/Not sure 7 7
 - Refused 9 9

Module 15: Passive Smoke

1. Including yourself, how many persons in your household are current cigarette smokers?
 - a. Number of current smokers (6 = 6 or more)
 - b. None **Go to Q. 3** 8
 - Don't know/Not Sure **Go to Q. 3** 7
 - Refused **Go to Q. 3** 9

2. How many smoke inside the home?
 - a. Number of smokers who smoke inside (6 = 6 or more)
 - b. None 8
 - Don't know/Not Sure 7
 - Refused 9

3. Do you work outside the home?
 - a. Yes 1
 - b. No **Go to closing** 2
 - Don't know/Not Sure **Go to closing** 7
 - Refused **Go to closing** 9

4. Which of the following best describes the policy about smoking at your work place?
 - a. No smoking allowed inside 1
 - b. Smoking restricted to a few designated areas 2
 - c. Smoking allowed in most places except where posted 3
 - d. No policy regarding smoking 4
 - Don't know/Not sure 7

Refused

Closing Statement

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in Ford County. Thank you very much for your time and cooperation.